# New England Deaconess Hospital Annual Report 1965

# DEACONESS ON THE MOVE

Each annual report in the past has reflected the continuing progress of the New England Deaconess Hospital. Each has told of the improved techniques, the expansion of facilities, the updating of the old and the construction of the new, which has kept the Deaconess in the forefront, consistently upholding the concept of total patient care.

Now the hospital stands at a crucial point in its history. A very critical need for additional beds and facilities to properly serve more patients has developed. The Deaconess policy of never turning a patient away because of inability to pay, while rewarding in terms of service, has been costly in terms of budget. Yet this service cannot be curtailed. The time has come to undertake — after much soul searching — two very important steps.

The first is to increase the hospital's capacity from 370 beds to 500, and the second is to launch a major capital fund drive. These were the most important conclusions of the recent survey undertaken to determine the future direction of the hospital. They are inescapable. The time for action is now.

The following reports from the President and from the Executive Director not only bring the past year up to date, but foretell a dynamic future.

## Report of the President

Most annual reports review the events and accomplishments of the preceding year, but the typical report contains little information about the year that lies ahead. While this report will not violate the traditional approach, it will try to shed some light on the challenges which the Hospital will meet during the next few years.

The fiscal year which just ended was a period of self-examination, appraisal, and planning. A great deal of time was spent by our Executive Director, Mr. R. D. Lowry, his staff, the Executive Committee of the Board of Trustees, and various other committees in studying the best way in which to meet the future needs of the Hospital.

The most pressing need facing us is that of additional patient beds, particularly the private and semi-private accommodations. In recent years our occupancy has averaged 90 per cent or more, and we have been plagued with a long waiting list. There have even been times when we have had to turn away emergency cases.

Almost 85 per cent of our patients have some sort of insurance coverage, which is usually geared to semi-private accommodation rates. Yet only 25 per cent of our beds are semi-private; approximately 50 per cent are in wards, and 25 per cent are private.

A consultant was retained to review our situation and help us plan future growth in an orderly fashion. He presented his report at the February meeting of the Trustees, at which time he confirmed the need for immediate expansion of bed accommodations, and made a large number of additional recommendations. His report was reviewed in detail by a special committee composed of trustees and members of the Medical Staff, which investigated and evaluated several alternative ways of economically adding the needed facilities. The final plan was presented to the Medical Staff and the Trustees in October and was enthusiastically approved by both bodies.

The plan is relatively simple. We propose adding six more stories to the present five-story Central Building. The building was originally designed to provide for vertical expansion and this addition will be the least expensive space we can possibly make, now or in the future. The east wing of the Central Building will be widened by extending it north to the chapel, permitting a double corridor arrangement for all nursing units. There will be 60 private, 196 semi-private, and 35 special-purpose beds.

The present 139 beds in the Deaconess Building will be discontinued in order to provide for the housing of service, teaching, and mechanical facilities, insuring that when the time arrives for further expansion of patient care facilities, we shall be able to raze the present structure and rebuild on the same site without sacrificing a patient care area. It will also enable the Hospital to further centralize its patients, thus providing both efficient and economical service.

Following construction our total bed complement will be 497 with 113 private, 272 semi-private, and 112 ward beds.

According to the best estimates now available, the cost of this plan will approximate $8,150,000 or $30,500 per bed — well below the $35,000 to $40,000 figure commonly used in discussions of new hospital construction.

To meet this cost we have on hand from the Frank E. and Frederick J. Farr estates $2,500,000; we believe we can qualify for Hill-Burton assistance to the amount of about $350,000, and there is reason to believe we can borrow up to $2,000,000. This leaves $3,300,000 to be raised by a capital funds drive. This is a large amount, but to raise it is not beyond the ability of the Corporation, Trustees, staff, and friends. This optimism is borne out by the fund-raising feasibility study performed last spring as a part of the development of our expansion plans.

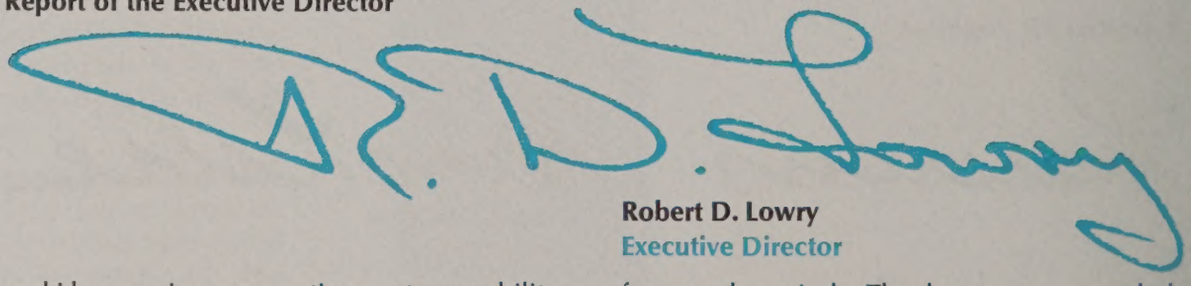
A year's work in planning for the next phase of our future is behind us. Ahead lies the dual challenge of raising the necessary funds to make these needed facilities possible, and the task of actually building them while continuing to operate our present 370-bed hospital.

No report of the New England Deaconess Hospital would be complete without mention of our wonderful staff — the doctors, nurses, laboratory technicians, and all the others, seen and unseen, whose united efforts contribute to the comfort and healing of our patients. It is this special concern that has brought the Deaconess to its proud place and enviable reputation, and it is this spirit which will carry the Hospital forward from here.

Laurens MacLure

**Laurens MacLure**
**President**

## Report of the Executive Director



**Robert D. Lowry**
**Executive Director**

In my last annual report I asked, "How large should the Deaconess become?" This year the answer is obvious. We have no choice but to meet the needs of our Medical Staff. In the past twelve months we broke all records for the number of patients admitted, and there was an increase in activity in every department of the Hospital. At many times every bed in the Hospital was occupied, leaving no room for emergencies. The nursing service and other departments were taxed beyond their capacity in order to give the kind of care on which our reputation has been built.

Today we have bookings as far ahead as January; and there are many patients with acute medical problems, sitting by their telephones awaiting a call informing them we have been able to find a bed. The Medical Staff and other personnel have never been under greater pressure. This past year has been extremely difficult for all departments, and I have serious reservations as to our ability to continue operating under such pressure for an indefinite period of time. We must have more space and we must have more flexibility. The solution is the new building program outlined by the President of the Corporation, Mr. Laurens MacLure.

Our turnover rate in personnel was 37 per cent, a slight increase over previous years. Ten per cent of our positions in housekeeping remain unfilled and there is a corresponding shortage in the dietary department, the laundry, and surgery. In January we increased our minimum wage to $1.35 an hour. Later in the spring, we offered life insurance to all employees at nominal cost. This fall, we changed our Blue Cross coverage to a full comprehensive semi-private plan. In October we increased our minimum wage to $1.40 an hour. Our salaries and fringe benefits compare favorably with other hospitals. The crux of the problem seems to be that an ever-increasing number of people do not want to perform this kind of work. If such staffing problems continue, we may find it necessary to turn to the contracted services.

Many of our personnel problems result from the lack of adequate housing. The apartments we own do not meet all of our needs. The land bounded by Autumn Street and the Riverway would be an ideal location for such a facility. Possible methods of financing are being investigated, and a report will be ready for the next meeting of the Board of Trustees.

What effect have our problems had on patient care? Periodically, we do a comprehensive survey on all patients admitted for a four-week period. The last survey revealed that 99 per cent of our patients were satisfied with their nursing care, 94 per cent felt their rooms were clean and in good condition, and 85 per cent said that the food was good and attractively served. When a person is seriously ill, he seldom finds food tempting, regardless of how it is prepared. From the overall standpoint, 95 per cent of the patients were satisfied with all aspects of the Hospital.

During the year, we completed the addition to Palmer VI and renovated the entire area for the laboratories. Although this gave the department more space, during the year there was an 11 per cent increase in the laboratory activity. Further expansion will be necessary

FRUITS, FRESH OR CANNED (WATER PACKED)
30 GRAMS = 1 OUNCE
• FOODS •
CARBOHYDRATE • CARBOHYDRATE
10 GRAMS
15 GRAMS
GRAPEFRUIT, PULP OR JUICE
STRAWBERRIES
WATERMELON
CANTALOUPE
BLACKBERRIES
ORANGE, PULP OR
FRUIT COCKTAIL
PEARS
PEACHES
APRICOTS
RASPBERRIES
PLUMS
PINEAPPLE
APPLE
HONEYDEW MELON
BLUE BERRIES
CHERRIES
MANGO
BANANA
PRUNES (COOKED)
JELLO (REGULAR)
ICE CREAM
GRAMS WEIGHT
GRAMS WEIGHT
CORN FLAKES
special diets CAN BE FUN!

in the near future.

Our operating expenses for the year were $7,759,000, and we ended with a $47,000 surplus. Nursing salaries were increased by about 10 per cent on October 1, and our budget for the coming year is approximately $8,500,000.

All the suites in the Medical Office Building are now occupied, and we have a waiting list. Approximately 450 cars use the garage each day, and the guest rooms have been running at 65 to 70 per cent capacity. The usage of both facilities is increasing.

The new Shields Warren Radiation Laboratory was completed in June, and was occupied by its director, Dr. Henry I. Kohn, early in July. Although this building was constructed by the New England Deaconess Hospital, it is a conjoint facility with the Beth Israel Hospital, the Children's Hospital Medical Center, and Harvard Medical School.

Although we have had a Department of Inhalation Therapy for some time, a medical director was not appointed until September of 1964. Under the direction of Dr. Joseph Crehan, this department has had a marked increase in activity.

Every room in every patient building we own is occupied, and finding space for the new and expanding departments continues to be a major problem. We are now attempting to find space for a cardiac monitoring unit where patients with myocardial infarction can be watched closely during the first two or three critical days. The initial cost will be $25,000 for renovations and equipment, and we shall have difficulty finding and training a staff. But we have no choice, if we wish to continue offering the best care available.

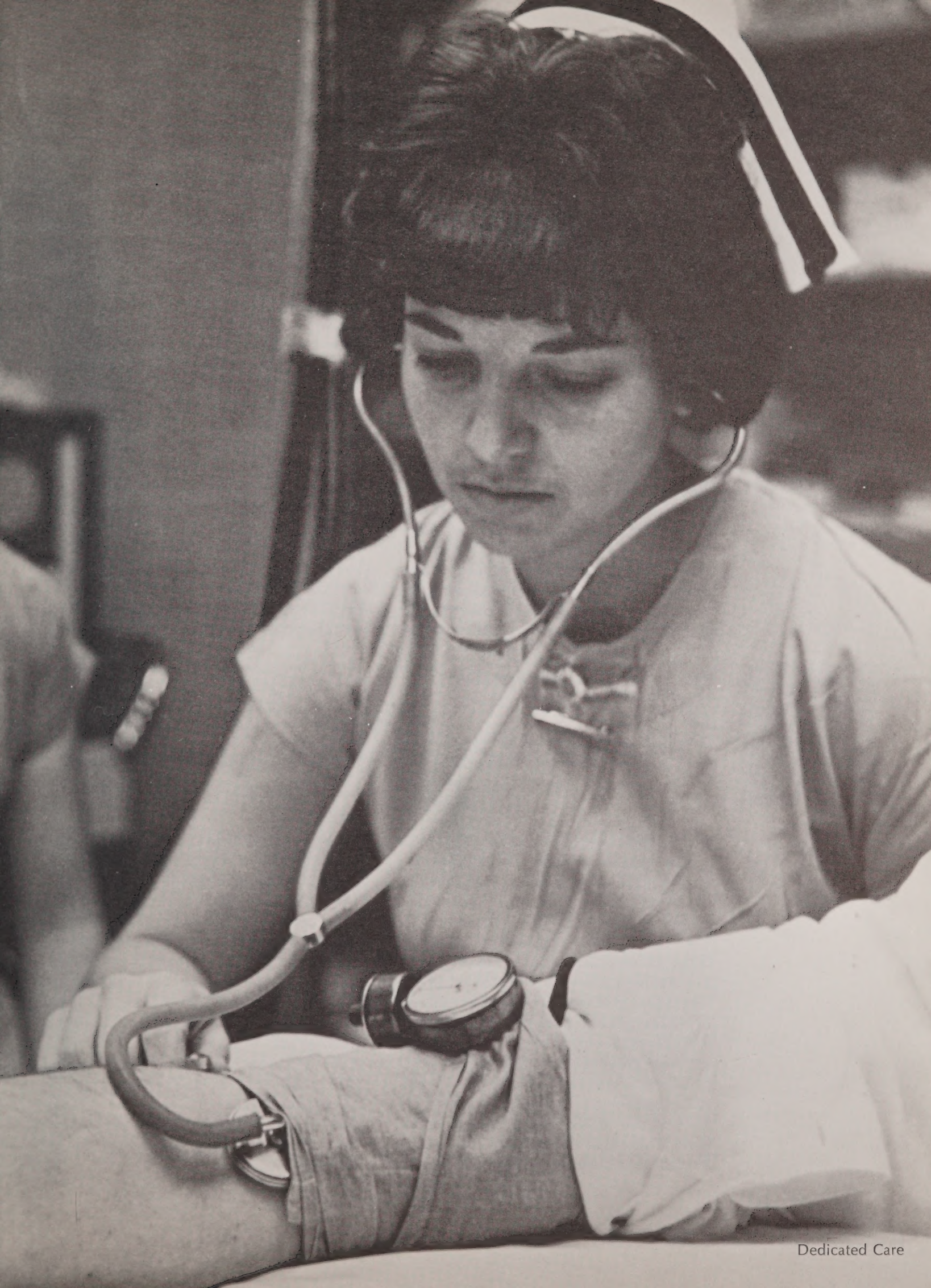
The new building program will free over 20,000 square feet in the Deaconess Building for more adequate conference rooms, a combined outpatient department and health clinic, the pharmacy, blood bank, employee facilities, and numerous other departments. The total square foot requirement of all departments shows that over 15,000 square feet could be used to great advantage now.

We also need additional accommodations for ambulant patients. The Hospital Teaching Unit has been in operation over six years, and has been an exceptionally efficient unit; the rate of occupancy of this floor is the highest of any section of the Hospital. If 40 more beds of this type were available today, they would be filled to capacity. Discussions are under way with a neighboring hospital, in an effort to coordinate our efforts, and an additional facility may be constructed in the near future.

With the inception of Medicare on July 1 of next year, nursing homes must have a formal affiliation with a hospital in order to participate. We shall probably sign a formal agreement with one or more nursing homes during the coming year. We do not know what total impact Medicare will have, but we do know that it will intensify the problems of our Medical Staff since they will have the same number of beds, but more patients. Determining who will occupy these beds will not be easy.

The decision has now been made to take a big step forward, and many long hours will be necessary for those who must work on the plans. When construction begins we shall have to keep all departments functioning without interruption while the contractor works in adjacent areas. May we gain strength from the knowledge that when the project is completed we shall have a larger and a greater Hospital, and will be better able to cope with the challenges we face.

My sincere thanks go to Mr. Richard E. Lee, Mr. Theodore F. Koch, Miss Ellen Adams, Mr. Hubert D. Sycamore, to all department heads, the Medical Staff, the Trustees and the Friends for their invaluable assistance.



Dedicated Care

## Report of the Department of Medicine

James L. Tullis

**James L. Tullis, M.D.**
Chairman

July 1, 1965 saw the completion of the first full year of operation of the Department of Medicine. It was a year devoted in large part to organizational planning for the decades that lie ahead. After numerous conferences and interviews with members of the staff, a policy was formulated along which we hope to develop.

The first question to be answered was: Why were clinical departments instituted at the Deaconess? Many forces were responsible. Among the more important were:

I. It was desired to improve communications between the different groups within the Hospital. The physicians of the General Medical Division, Joslin Clinic, and Lahey Clinic have always worked together in matters of direct patient care, but due to their outside commitments they have had inadequate opportunity to communicate on administrative and paramedical matters. During the past year the individual physicians of the different groups have had for the first time frequent opportunity to work together in departmental committees, toward a common goal of improved medical care within the Hospital.

II. It was desired to keep the Medical Staff better informed on current sociologic trends. We are living in an age of drastic change in methods of medical practice and in concepts of medical care. Third-party interests, governmental institutions, and other forces are bringing great pressure to bear on the practicing physicians in this area, where the busy internist has been unable to function adequately in the past due to his preoccupation with the more professional aspects of his practice. By discussing such matters regularly in Department meetings it is possible both to understand the reaction of our associates to these important trends and to present a unified front.

III. It was deemed necessary to improve the program of continuing education for doctors of the staff. We live today in an era when scientific knowledge is growing at an unprecedented rate. In order for a busy medical staff to remain abreast of contemporary progress, it is necessary for each hospital to organize a program of continuing education that will sift out the more important areas of progress and present them in a succinct, understandable form. The Department has built such a program around the nucleus of weekly grand rounds each Tuesday. A number of outside speakers from different faculties of medicine in the Boston area have been utilized from time to time. This has been made possible through the generous support of the MacPherson Lecture Fund. In planning this type of postgraduate educational program the singular nature of the Deaconess constantly has been kept in mind.

IV. The fourth and perhaps most important factor leading to a departmental structure was the institution of a three-year medical residency in 1961 on the basis of conditional approval by the accreditation authorities of the Council on Medical Education. Their recommendation for integration of residency teaching into a single structure has proved wise. It has been possible to improve the over-all caliber of the program and simultaneously to decrease the actual number of teaching hours donated by each member of the Senior Staff through the elimination of reduplication.

Why does the Deaconess have a residency program? Can the expense of it really be justified? The answers to these questions have formed the framework on which the policy of the Department has been formulated. They compose three general categories:

(1) The quality of medical care in a hospital always can be maintained at a higher level if a residency teaching program exists. Young doctors fresh from their medical school and intern curriculums constantly ask stimulating questions about the "why" of different treatments. One cannot answer such queries without remaining alert and without keeping abreast of the latest progress in medicine.

(2) The presence of a resident staff assures continual coverage of the seriously ill patients at all hours. Immediate treatment can be instituted in the event of unforeseen crises.

(3) When resident physicians leave the Hospital after two or three years of training, they consider themselves to be alumni of the Deaconess. Each serves as a nidus of good will for the Deaconess in the community where he begins his medical practice. Often the former residents also provide a returning flow of medical and surgical patients whom they send back for the special capabilities of the Deaconess staff.

The task of the Department of Medicine is a formidable one. It must maintain the high quality which the attending staff has traditionally shown, in the face of manifold socio-economic factors which are tending to change the form of medical practice in America. The job will not be easy, but with the enthusiasm and cooperation which all staff members have shown this first year, it seems likely that provocative and rewarding experiences lie ahead for us all.

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**Report of the Department of Surgery**

**Leland S. McKittrick, M.D.**
**Interim Chairman**

This is a report by the interim chairman and will therefore be called an interim report. I will concentrate on the reorganization program, present and future. First, I would like to compliment the Medical Service under Dr. James L. Tullis and the rest of the General Staff, Joslin Clinic, and Lahey Clinic, whose enthusiastic cooperation has made the amalgamation of the three services so smooth and so successful. This service, in my judgment, reached maturity in its reorganization when it was able to develop and receive official approval for a residency training program qualifying its graduates for examination by the American Board of Internal Medicine. This could not have been done if all three groups had not pooled their assets in a single program.

I am not sure we can use the same criteria for the Surgical Department, but I suspect we can and should, provided we do so with the understanding that this will be much more difficult to accomplish than in the case of the Department of Medicine. At this time, suffice it to say that this program will not only need the complete coordination and cooperation of the Lahey Clinic, the Overholt Clinic, and the General Surgical Staff, but will also require careful review and revision of established policies of the Hospital in its care of those patients who do not pay their full way — the so-called house patients.

In terms, then, of a unified staff, in fact as well as on paper, what has been accomplished during the past year? Where do we now stand?

What is ahead? I must express my deep appreciation to Dr. Herbert D. Adams and his group in the Lahey Clinic and to Dr. Richard H. Overholt and his associates for the enthusiastic support that I, as the interim chairman of this department have received.

Without too much to show, it is my belief that much has been accomplished during this past year. The weekly surgical teaching rounds have been well attended and are of excellent quality. For the first time in the history of the Hospital the entire Surgical Staff has met monthly, and the meetings have been well received. The recently established weekly conferences of the surgical residents and members of the Surgical Staff, during which all complications in patients on the General Surgical Service are critically reviewed, have proven stimulating and instructive.

At the present time, then, one can say that unification of the Surgical Staff is functioning well in a limited way through the surgical meetings and conferences which have been established, in the conduct of which the cooperation of the surgeons of the Lahey Clinic, the Overholt Clinic, and the General Staff leaves nothing to be desired.

The resident program of the General Staff, which is now affiliated with the Harvard Service of the Boston City Hospital, has taken a new lease on life and is beginning to offer the kind of educational program that might be expected from a Surgical Staff such as we have.

What then is our challenge and to what should we look forward?

The best patient care in a hospital such as ours demands a good resident training program. The challenge to the staff physicians by enthusiastic and bright young men and women stimulates the highest possible productivity on the part of the practicing physicians. The complexity of modern medical care requires twenty-four-hour coverage by physicians who are knowledgeable in the needs of the patient and the facilities for meeting them promptly.

The Hospital cannot function in the most effective way until it has its own fully approved training program, not only in medicine, but also in surgery. This can come about only through the development of a program in which those patients for whom the Hospital is responsible are so organized that a real teaching service can be developed, utilizing fully the assets of the Lahey Clinic, the Overholt Clinic, and the General Staff.

Last, although first in importance, is the early appointment of a mature, imaginative surgeon as chief of the Department of Surgery; one who is highly respected, a good teacher, and whose future will be intimately interwoven with that of the Hospital; one who is young enough to have the enthusiasm, the energy, and the patience to overcome the many obstacles still ahead but who believes, as I do, in the future of the Hospital and its educational programs.

Scrubbing-up

# Active Staff

### Medical Division

Frank N. Allan, M.D.
Theodore L. Badger, M.D.
C. Cabell Bailey, M.D.
Francis G. Barnum, Jr., M.D.
Carl C. Bartels, M.D.
Elmer C. Bartels, M.D.
George O. Bell, M.D.
Robert F. Bradley, Jr., M.D.
Allen G. Brailey, M.D.
Robert E. Brownlee, M.D.
John W. Cass, Jr., M.D.
Robert E. Crozier, M.D.
Donat P. Cyr, M.D.
Albert I. C. DeFriez, M.D.
John B. Dynes, M.D.
B. Dan Ferguson, M.D.
Luis Fernandez-Herlihy, M.D.
Robert Fleming, M.D.
Robert E. Foley, M.D.
Frank P. Foster, M.D.
John L. Fromer, M.D.
Walter T. Goodale, M.D.
Basil C. Gray, M.D.
William B. Hadley, M.D.
Elmer W. Heffernon, M.D.
Elmer E. Hinton, M.D.
Albert A. Hornor, M.D.
Frank A. Howard, M.D.
Lyman H. Hoyt, M.D.
Harriet D. James, M.D.
Allen P. Joslin, M.D.
Leo P. Krall, M.D.
Edwin J. Kroeker, M.D.
Simeon Locke, M.D.
George E. MacDonald, M.D.
Joseph E. Mackie, M.D.
Robert J. MacMillan, M.D.
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Alexander Marble, M.D.
L. Tillman McDaniel, M.D.
Francis E. McDonough, M.D.
Rosemary A. Murphy, M.D.
John W. Norcross, M.D.
F. Warren Nugent, M.D.
A. Seymour Parker, Jr., M.D.
Leroy E. Parkins, M.D.
Carey M. Peters, M.D.
M. D. Phelps, Jr., M.D.
Hugh M. Pyle, M.D.
Oscar J. Raeder, M.D.
Charles B. Roehrig, M.D.
Howard F. Root, M.D.
John R. Ross, M.D.
David I. Rutledge, M.D.
Dwight L. Siscoe, M.D.
M. Frances H. Smith, M.D.
Carlton R. Souders, M.D.
William B. Stevens, M.D.
Robert D. Sullivan, M.D.
Richard Thaler, M.D.
Robert F. Tilley, M.D.
Martin L. Tracey, M.D.
Walter I. Tucker, M.D.
James L. Tullis, M.D.
Henry R. Viets, M.D.
Fred F. Whitcomb, Jr., M.D.
Priscilla White, M.D.
Donna Younger, M.D.
Henry E. Zellmann, M.D.

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William P. Beetham, M.D.
James A. Bougas, M.D.
David P. Boyd, M.D.
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Harvard H. Crabtree, M.D.
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F. Thomas Gephart, M.D.
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Don James Weekes, M.D.
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Earle W. Wilkins, Jr., M.D.
Lorande M. Woodruff, M.D.
Francis M. Woods, M.D.

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G. Colket Caner, M.D.
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Fletcher H. Colby, M.D.
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Sidney Farber, M.D.
Olive Gates, M.D.
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### Honorary Staff

Everett D. Kiefer, M.D.
*Roger I. Lee, M.D.

### Anesthesiology

Francis J. Audin, M.D.
Joseph P. Crehan, M.D.
Urban H. Eversole, M.D.
Leo V. Hand, M.D.
Stephen Y. Klingler, M.D.
Morris J. Nicholson, M.D.
Robert B. Orr, M.D.

### Pathology

William A. Meissner, M.D.
Pathologist-in-Chief
Bradley E. Copeland, M.D.
Merle A. Legg, M.D.
David Skinner, M.D.
Shields Warren, M.D.

### Radiology

Joseph H. Marks, M.D.
Radiologist-in-Chief
Mirle A. Kellett, M.D.
Associate Radiologist
Harry Bailey, M.D.
David O. Johnston, M.D.
Magnus I. Smedal, M.D.

*Deceased

# Associate Staff

### Medical Division
Sidney Alexander, M.D.
Donald M. Barnett, M.D.
William P. Beetham, Jr., M.D.
Russell S. Boles, Jr., M.D.
W. Richard Burack, M.D.
Edgar S. Cathcart, M.D.
Eugene P. Clerkin, M.D.
Joseph F. Dingman, M.D.
Jurgen H. Fischer, M.D.
Gisella Garan, M.D.
S. Peter Gibb, M.D.
Henry H. Goldstein, M.D.
Charles A. Graham, M.D.
Willis R. Keene, M.D.
George P. Kozak, M.D.
O. Stevens Leland, M.D.
Richard C. Lippincott, M.D.
Richard A. Norton, M.D.
Richard A. Oberfield, M.D.
Searle B. Rees, M.D.
Jules R. Schwaber, M.D.
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Neil W. Swinton, Jr., M.D.
Emile Sylvestre, M.D.
Frank J. Takacs, M.D.

### Surgical Division
Kedar K. Adour, M.D.
Ernest M. Barsamian, M.D.
John M. Carroll, M.D.
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Gordon F. Lupien, M.D.
*Donald M. McKee, M.D.
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Richard L. Miner, D.D.S.
Joseph E. Murray, M.D.
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William Torgerson, Jr., M.D.
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Leonard Zinman, M.D.

### Anesthesiology
Ines Acuna, M.D.
Julie S. Crocker, M.D.
Michael C. Gabriel, M.D.
Eliot S. Irving, M.D.
George B. Mastras, M.D.
Frederick S. McAlpine, M.D.
Andrew Emile St. Amand, M.D.

### Pathology
Albert E. Anderson, M.D.
Harry W. Carter, M.D.
Gilbert H. Friedell, M.D.

### Radiology
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James H. Johnson, Jr., M.D.

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Herbert S. Sise, M.D.
Lamar Soutter, M.D.
John W. Spellman, M.D.
Robert E. Wise, M.D.
Paul A. Younge, M.D.

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James Taylor Duhig, M.B., B.S.
Gilbert H. Friedell, M.D.
Olive Gates, M.D.
Edgar E. Hurst, Jr., M.D.
David L. Joftes, Ph.D.
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W. Eugene Knox, M.D.
Henry I. Kohn, M.D., Ph.D.
Hermann Lisco, M.D.
Halsey B. Loder, M.D.
Edna H. Tompkins, M.D.

### Elliott P. Joslin Clinic Research Associates
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Gunther Boden, M.D.
George F. Cahill, Jr., M.D.
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William J. Reddy, Ph.D.
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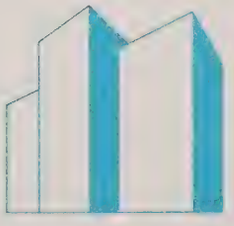
Neil Ruderman, M.D.
J. Stuart Soeldner, M.D.
Mary Jane Spiro, Ph.D.
Robert G. Spiro, M.D.
Jurgen Steinke, M.D.
James Streato, M.D.
Gerard Tremblay, M.D.
Robert Williams, M.D.

### Protein Foundation Research Associates
John G. Gibson, II, M.D.
John Hinman, M.D.
Laurence P. Cloud, M.D.
W. Gilbert Eberle, M.D.
Robert J. Tinch, Sr., M.S.

### Assistants in Medicine
Siamak Adibi, M.D.
John Hinman, M.D.
Stanley Mazurkie, M.D.

*Deceased





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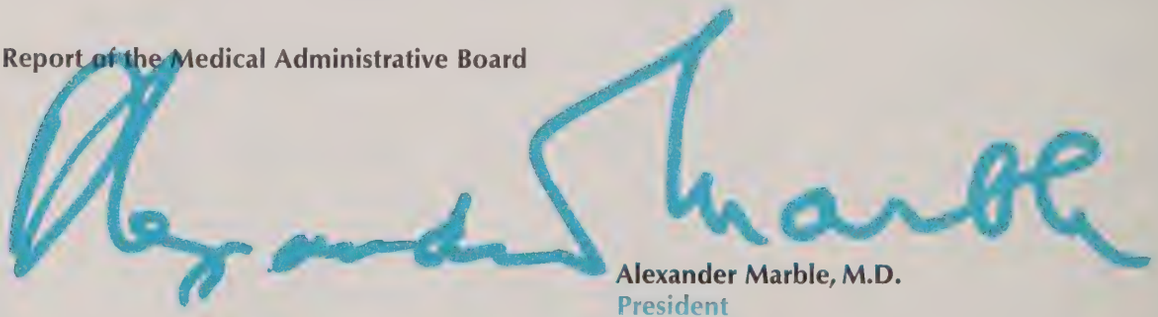
## Report of the Medical Administrative Board



**Alexander Marble, M.D.**
**President**

During the past year I have had again the privilege of serving as President of the Medical Administrative Board. This board consists of ten members representing the various groups and departments of the Medical Staff, with the Executive Director as secretary. It meets monthly to consider and recommend action on such matters as measures designed to provide the best possible type and quality of medical care for patients, the selection and training of resident physicians, and the appointment of staff members. Representing the Medical Staff, it coordinates the professional activities of the Hospital and serves as a means of communication to the Executive Director and the Executive Committee of the Board of Trustees.

To the Medical Administrative Board report the nineteen standing committees of the staff which in 1965 included sixty-eight staff physicians as members. These are hard-working committees which meet regularly and devote long hours to the consideration of professional matters affecting patients and staff members, as well as the Hospital and its standing in the community.

During the past year important matters confronting the staff have included the almost constant shortage of beds, the rising cost of hospital care and the development of residency training programs. A great deal of thought has been given to the relation of the Deaconess Hospital to medical schools and to other hospitals in this part of Boston. There is much speculation as to the impact on hospital practice of the recently enacted Medicare legislation.

The Medical Administrative Board includes as members the chairmen of the newly organized Departments of Medicine and Surgery. The establishment of these departments has been a great step forward in furthering programs of medical training and education within the Hospital. The Medical Staff is greatly interested in the current plans for expansion of size and facilities of the Hospital and welcomes this opportunity of extending medical care to larger numbers of patients. With the cooperative and progressive spirit which prevails throughout the Hospital, there is every reason to predict for the future even greater opportunities for service.

# New England Deaconess Complex

The newest building in the Deaconess Complex is the Medical Office Building at 110 Francis Street. Now just a year and a half after its opening, it has become known nationally and internationally for the completeness of its services and facilities. Its offices are fully occupied, with every facet of medicine represented. Here the patient will find complete diagnostic services including laboratory and X-ray facilities, leading medical, surgical and dental specialists, and complete living accommodations for a stay of several days if required.

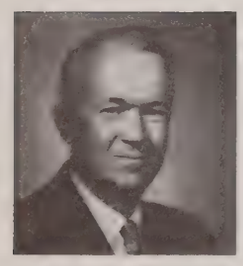
Founded by Dr. Frank H. Lahey in 1923 as the Lahey Clinic, the organization, now a division of the Lahey Clinic Foundation, is one of the country's oldest and most renowned. A staff of 84 senior physicians and surgeons, 85 resident physicians, and over 100 nurses and technicians provides departments of specialists in 14 different areas of medicine. The institution has long maintained a close working relationship with the Deaconess for hospital, surgical and laboratory service, as well as resident training.

The Joslin Clinic, with its Hospital Teaching Unit and Elliott P. Joslin Research Laboratories, under the direction of the Diabetes Foundation, continues to maintain its high standard of excellence in the treatment of diabetes. Qualified doctors believe in the possibility of a major advance in this field within the next few years.

Patients from foreign lands as well as from many parts of the United States attend the Hospital Teaching Unit. Here they learn to establish correct habits in regard to eating, medication and exercise, and find it possible to live happy lives.

The result of years of planning on the part of dedicated doctors, the concern of administrators and directors, and the generosity of many, the Shields Warren Radiation Laboratory is ready to fulfill the reason for its creation . . . research in those basic subjects that relate to ionizing radiations in medicine, especially in respect to cancer. The laboratory is a conjoint facility with the New England Deaconess Hospital, Beth Israel Hospital, Children's Hospital Medical Center and Harvard Medical School.

Surgery of the lung, esophagus, heart and great vessels continues to advance in the field of medicine, and the Overholt Thoracic Clinic maintains its place among the leaders. Doctors trained at the Clinic are scattered all over the world, from the University of Cordoba in the Argentine to the University of Saigon. They are fully engaged in this specialty, doing research and teaching, as well as surgery.



## Report of the Department of Pathology

**William A. Meissner, M.D.**
Chairman

It has now become an annual custom to announce that the volume of laboratory work at the Deaconess Hospital has increased by 10 or more per cent. Such a yearly increase has been going on for some years. During the past year, the volume was 11 per cent more than the previous year, with the laboratory performing nearly 500,000 tests and offering 200 different procedures. The annual increase in work load has been so consistent that we now plan for it in estimating future requirements for equipment, technologists, and space.

More difficult, however, is planning for the new and improved procedures which constantly are being introduced by the laboratories. Not only are there problems involved in deciding which new procedures should be made available, but the tests must be given a long trial period in the laboratory to develop the technological skills and the equipment necessary. Some tests must be evaluated for six months or longer before being offered for clinical use. During the past year, more than 25 new procedures were developed and introduced.

The welcomed renovation this year of the sixth floor of Palmer has resulted in a great expansion of laboratory service. The quarters for the Blood Bank and for Electrocardiography have been modernized and numerous new laboratories have been created, resulting in greater efficiency and the space for the development of many new tests. Among the new laboratories are those for diagnostic isotope procedures, serology, coagulation studies, histochemistry, and fluorescent microscopy.

Modern medicine creates an ever-increasing demand for laboratory service. In providing such service, we must do more than just increase the number of tests. Rigid quality control of laboratory work must constantly be maintained to assure the physicians on our Staff that results of the laboratory work may be used reliably for diagnosis and treatment.

The availability of laboratory tests is also important. Recognizing the great need for laboratory work on patients who are hospitalized on weekends or holidays, we have made a major effort this year to expand services for them — a difficult task in a five-day week society. We are pleased, however, that during the course of the year we have extended the availability of laboratory procedures so that we operate not only on a six-day week, but on almost a full seven-day week — on Sundays and holidays the work is approximately 75 per cent of the ordinary weekday. We are particularly proud that such additional service is now routine and that it has been accomplished without an increase in laboratory rates; in fact, there has been no over-all increase in laboratory rates for nearly four years, and the cost of many procedures has been lowered.

The problems and accomplishments just mentioned have demanded more personnel, more equipment, more automation, more efficiency, and more space. One of the major difficulties of expansion is a continuing shortage of trained personnel. While the Department has always been concerned with the teaching of medical students and residents, we are now deeply involved in the training of medical technologists as well. Our School of Medical Technology is a five-year program run in conjunction with the Division of Cooperative Education at Northeastern University. The School is an innovation in the training of medical technologists and has attracted national attention because of its new cooperative approach. The first class graduated this year. The School, already one of the largest in the country, has recently been given approval by the Council on Medical Education of the American Medical Association to increase the number of students from sixty to one hundred. We hope we can meet the other problems of expansion similarly.

On behalf of the entire Laboratory Staff, I should like to express our gratitude to the Trustees, the Administration and the Medical Staff for their cooperation and for their encouragement in our continuing efforts to provide the best possible laboratory service to the patients at the Deaconess Hospital.

Instruction in Medical Technology

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Floyd S. Wilson
William W. Wolbach
J. Wendell Yeo
Elmo F. Young
John D. Young
Wilbur C. Ziegler

*Deceased

# Administration

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Robert D. Lowry

*Assistant Executive Director and Controller*
Richard E. Lee

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Ellen Adams
Theodore F. Koch

*Night Administrator*
John F. Slayton

*Administrative Assistant*
Hubert D. Sycamore

*Director of Nursing*
Ellen D. Howland

*Chief Dietitian*
Rose M. DeFlora

*Laundry Manager*
Walter C. Emery

*Purchasing Agent*
W. Clifford Fisher

*Personnel Director*
W. Dean Holdeman

*Public Relations Director*
Evans F. Houghton

*Director of Volunteers*
Irma A. Kellner

*Director of Administrative Services*
Marjorie M. LeBeau

*Director of Patient Service*
Milton B. Nelson

*Social Service Director*
Lucile F. Palmer

*Executive Housekeeper*
Hilda T. Peacock

*Director of Surgeries*
Ruth E. Pendleton

*Director of Engineering*
Donald L. Sabine

*Chaplain to the Hospital*
Rudolph L. Samuelson

*Chief Pharmacist*
Charles F. Schraub

*Director of Medical Record Department*
E. Louise Seymour

*Office Manager*
Bertina Terkelsen

## Report of the Treasurer

**Henry S. Rogerson**
Treasurer

The year ending September 26, 1965 shows a gain because of a revised method of reimbursement from Blue Cross. Under the new procedure, partial payments which normally would have been received in the final settlement in 1966 were received in 1965. The immediate result of this reimbursement change has been a gain, although there has been an operating loss. This change by Blue Cross from a per diem basis of payment to a percentage of charge is helpful, because it will enable us to keep on a more current basis with Blue Cross.

We have found it possible to meet all current obligations, and have taken advantage of any discounts that were available this year.

We spent $460,000 for the purchase of new equipment and the improvement of the plant facility. Although it is our policy to keep the plant in a well-maintained condition, no renovations are being carried out, which are not compatible with the building program.

# New England Deaconess Hospital Balance Sheet

**September 26, 1965**

## Assets

### General Fund

| | |
|---|---|
| Current assets: | |
| Cash | $ 438,824.48 |
| Accounts receivable, less reserve for uncollectible accounts | 1,136,312.45 |
| Inventories of supplies | 213,263.23 |
| Prepaid expenses | 37,795.86 |
| Total current assets | 1,826,196.02 |

### Temporary Funds

| | |
|---|---|
| Cash and securities — gifts, bequests and reserves for special purposes | 544,974.42 |
| Grants receivable including unexpended balances | 299,686.12 |
| | 844,660.54 |

### Endowment and Other Funds Presently Held as Endowment

| | |
|---|---|
| Investments: | |
| Securities and cash awaiting investment | 1,256,504.48 |
| Real estate, equipment and furnishings, less depreciation | 5,358,724.31 |
| Due from General Fund | 40,831.56 |
| | 6,656,060.35 |

### Building and Equipment Funds

| | |
|---|---|
| Cash and securities | 2,691,054.92 |
| Construction in progress | 2,216,341.68 |
| Land, buildings and equipment less depreciation | 5,716,073.94 |
| | 10,623,470.54 |
| | $19,950,387.45 |

*Note: Contingent liability on notes receivable discounted* $19,893.09

# Liabilities

**General Fund**

| | |
|---|---|
| Current liabilities: | |
| Accounts payable and accrued expenses including withheld taxes | $ 695,213.53 |
| Deferred income | 46,286.37 |
| Payments on mortgages due within one year | 123,155.15 |
| Total current liabilities | 864,655.05 |
| Due to endowment funds | 40,831.56 |
| General Fund | 920,709.41 |
| | 1,826,196.02 |

**Temporary Funds**

| | |
|---|---|
| Gifts, bequests and reserves for special purposes | 555,461.11 |
| Unexpended grants for research | 289,199.43 |
| | 844,660.54 |

**Endowment and Other Funds Presently Held as Endowment**

| | |
|---|---|
| Funds | 3,311,735.78 |
| Mortgage and note payable except amount shown in current liabilities above | 3,344,324.57 |
| | 6,656,060.35 |

**Building and Equipment Funds**

| | |
|---|---|
| Building and equipment funds | 9,619,847.96 |
| Mortgage payable except amount shown in current liabilities above | 1,003,622.58 |
| | 10,623,470.54 |
| | $19,950,387.45 |

# Income Statement

| For Years Ended September 26, 1965 and September 27, 1964 | 1965 | 1964 |
|---|---|---|
| Hospital income | $8,524,369.85 | $7,548,937.32 |
| Less free care, contractual adjustments and provision for uncollectible accounts | 463,327.37 | 539,226.28 |
| Hospital net income | 8,061,042.48 | 7,009,711.04 |
| Operating expenses: | | |
| Professional care of patients: | | |
| General | 2,267,888.31 | 1,964,062.66 |
| Special | 2,490,230.59 | 2,203,981.87 |
| Household and property | 1,854,431.47 | 1,753,294.25 |
| Employees welfare | 303,545.53 | 283,862.01 |
| General services and expenses | 286,628.63 | 260,562.85 |
| Administration | 556,691.08 | 447,071.08 |
| Depreciation | 396,333.09 | 386,007.75 |
| | 8,155,748.70 | 7,298,842.47 |
| Deficit from operations | 94,706.22 | 289,131.43 |
| Interest expense | 44,473.32 | 47,003.61 |
| Deficit before non-operating income | 139,179.54 | 336,135.04 |
| Other income: | | |
| From endowment funds and funds held as endowment | 94,275.37 | 70,511.96 |
| Donations | 75,958.57 | 80,530.04 |
| Miscellaneous | 15,994.45 | 8,576.00 |
| | 186,228.39 | 159,618.00 |
| Transferred to General Fund | $ 47,048.85 | $ (176,517.04) |

# General Fund Account

| For the Year Ended September 26, 1965 | 1965 |
|---|---|
| Balance beginning of year | $ 777,854.15 |
| Add: | |
| Unrestricted legacies | 98,311.36 |
| Transferred from building and equipment funds — depreciation | 396,333.09 |
| Gain | 1,272,498.60 |
| Deduct: | |
| Transferred to building and equipment funds for obsolescence, construction and mortgage reduction | 300,526.68 |
| Transferred for special purposes | 98,311.36 |
| Transferred from income | (47,048.85) |
| | 351,789.19 |
| Balance end of year | $ 920,709.41 |

Executive Committee
New England Deaconess Hospital
Boston, Massachusetts

I have examined the balance sheet of the New England Deaconess Hospital as at September 26, 1965, the income statement and the analysis of general fund for the year then ended. The examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as were considered necessary in the circumstances.

The contract year with the Massachusetts Hospital Service, Inc. ends September 30. The final adjustment for each fiscal year is made approximately one year later. The attached statements include the adjustment for the year ended September 30, 1964, but not for the year ended September 26, 1965.

In my opinion, subject to the foregoing explanation, the accompanying balance sheet, income statement and the analysis of general fund present fairly the financial position of New England Deaconess Hospital at September 26, 1965, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Boston, Massachusetts
November 15, 1965

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*Treasurer*
Mr. James T. Mountz,
*Clerk of the Corporation*
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Mr. Edward Dane
Mr. James F. Farr
Mrs. Halfdan Lee
Mr. William B. Snow
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Herbert D. Adams, M.D.,
*Staff Representative*
Mr. Robert D. Lowry,
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Mr. Robert D. Lowry

Mr. Richard E. Lee

## Report of the Friends

Margaret W. Mountz

**Mrs. James T. Mountz**
**President**

In 1932 when a small group of ladies formed the Friends of the Deaconess, Inc., their first gift to the Hospital was $10. This year the Friends numbered 550, including Life Members, and the gift to the Hospital was $27,000, as well as, $7,475 to the School of Nursing. There were 190 men and women and 80 teen-agers who volunteered the 24,000 hours of effort needed.

The volunteers in the Coffee Shop, headed by Mrs. Theodore C. Pratt, raised $12,000 for the Hospital and $3,050 for the third three-year School of Nursing scholarship. The Shop was closed for ten days in September to be brightly redecorated.

Gift Shop Chairman Mrs. Charles A. Hinkle matched last year's figure when she turned over $2,400 to the Hospital. Her committee kept the shop stocked with the most delightful and attractive merchandise. Mrs. George C. McClellan, Chairman of the Flower Shop, reported a $500 gain in sales, bringing the profit to $882.28. Dr. William P. Beetham generously gave many of his orchids to be sold.

The Thrift Shop had a banner year. Mrs. S. St. John Morgan, Chairman, with Mrs. Charlesworth K. Neilson and Mrs. M. H. C. Gersumky as Co-Chairmen announced an addition of $10,003.11 to the Friends' treasury. The household items, bric-a-brac, china, glass, silver and jewelry continued to sell most rapidly.

The Diversional Therapy Department, which was started only seven years ago, grew to twenty-three volunteers this past year. Mrs. C. Cabell Bailey, Mrs. George A. Dempsey and Mrs. Basil C. Gray reported that almost 1,000 patients enjoyed working on their projects and three times that many were visited.

Mrs. Howard F. Root and her Hospitality Committee were responsible for three gala festivities. The Friends' Christmas Open House was held on a snowy Sunday in December. Coffee, cider and doughnuts were served to all visitors and hospital workers. In February the committee organized a Valentine Tea for the nurses. After the Annual Meeting on October 19th, they held the traditional tea in Harris Hall, where a table was beautifully set with a gold cloth and a centerpiece of gold and brown chrysanthemums.

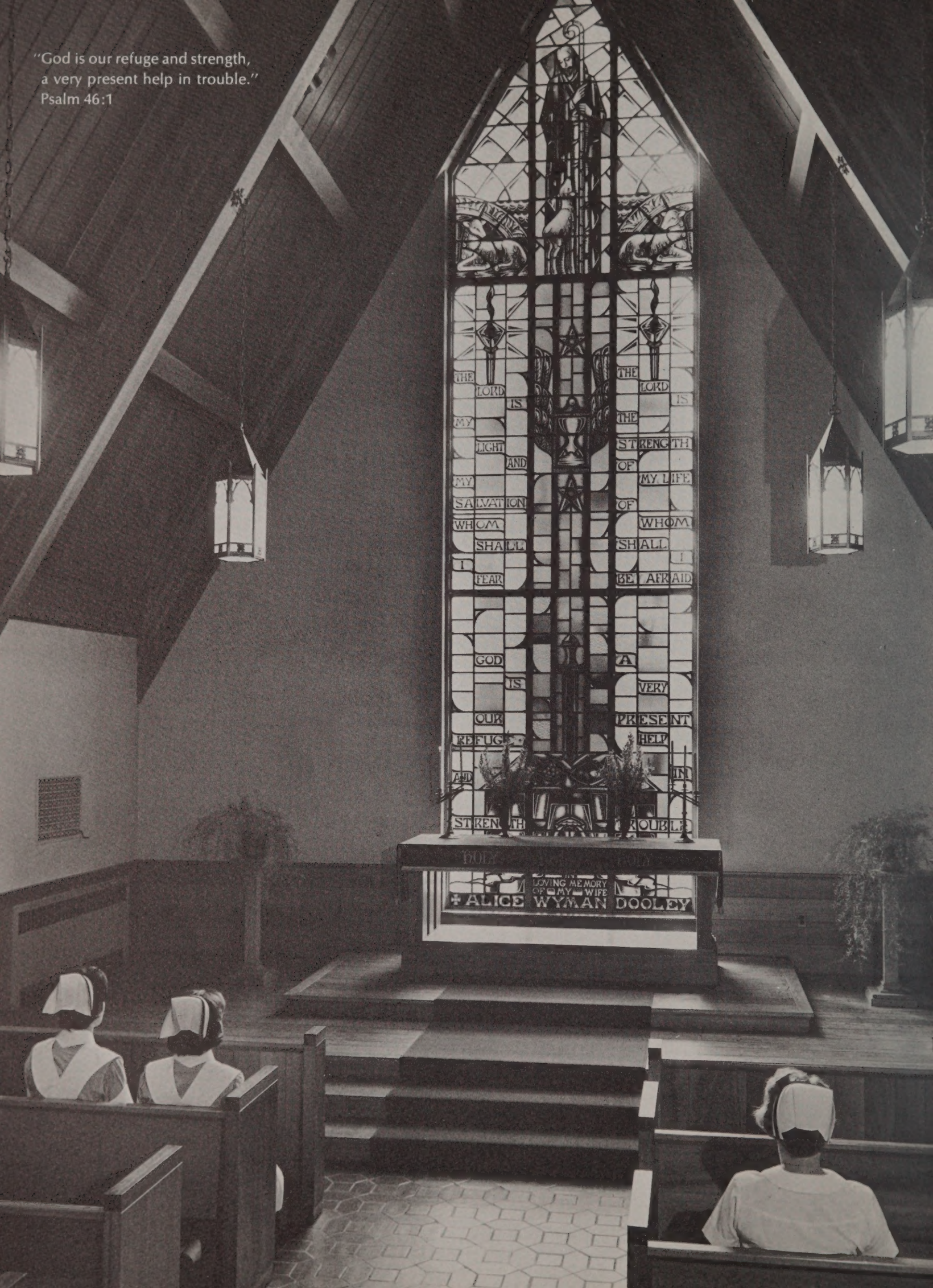
Eight Board meetings were held throughout the year. The two meetings for all the Friends were the June picnic, held at the home of Mrs. Shields Warren, and the Annual Meeting, before which Dorothy-Lee Jones (Mrs. Lauriston Ward, Jr.) spoke on the history of glass. She has one of the finest collections in the country, numbering more than 1,500 pieces.

A Recognition Party for all teen-age volunteers was held in August and a large percentage were on hand to receive their service awards, have coke and pizza and hear June Karr, the "Memory Lady," speak. Adult volunteers were asked to a party the evening of September 29th. Mr. Laurens MacLure, President of the Corporation, and Mr. R. D. Lowry, Executive Director, spoke to the group on the Hospital's expansion plans.

Each year the Friends have two fund-raising events to benefit the Nursing School. Early in December the School of Nursing and the Friends hold a Christmas Bazaar in the Central lobby. It is always a festive occasion, and this year with Mrs. Elmer E. Hinton as Chairman netted $2,138.11. In April there was the traditional Deaconess Night at the Pops. Mrs. David P. Boyd, Chairman, and Mrs. C. Cabell Bailey, Ticket Chairman, realized a profit of $1,641. The Women's Societies of Christian Service of the Methodist Churches of New England gave $718 towards the Nurses' Scholarship Fund. We are very grateful to them for their continued interest and help.

This report may seem preoccupied with dollars, but the Friends must be interested in them in order to increase support in the face of the Hospital's expanding needs. Every one of us receives great pleasure and satisfaction in working with the Deaconess. Plans are afoot for more enterprises and our enthusiasm runs high.

Mr. MacLure addresses "Friends"


"God is our refuge and strength,
a very present help in trouble."
Psalm 46:1
THE LORD IS MY LIGHT AND MY SALVATION WHOM SHALL I FEAR
THE LORD IS THE STRENGTH OF MY LIFE OF WHOM SHALL I BE AFRAID
GOD IS OUR REFUGE AND STRENGTH
A VERY PRESENT HELP IN TROUBLE
LOVING MEMORY OF MY WIFE
ALICE WYMAN DOOLEY

# Donor Form

New England Deaconess Hospital
185 Pilgrim Road, Boston, Massachusetts 02215

Enclosed find $..... as my contribution to the hospital, for those who cannot afford to care for themselves.

NAME .....

ADDRESS .....

CITY .....

STATE .....

Make all checks payable to the New England Deaconess Hospital, Boston, Massachusetts 02215

The only motivation for the growth of Deaconess Hospital is for the care, treatment and recovery of the patient.
Sometimes he is financially unable to cope with this problem.
The need is now. Why not let skilled workers be the servants of your good will?

Through the years those interested in the hospital and in its future have helped to sustain it and to advance the frontiers of medical knowledge through Bequests and Endowments, either for specific research and education projects or for the general purpose of patient care.

In keeping with the hospital's policy of never turning anyone away, the free work of the hospital has increased at a greatly accelerated rate.

As the New England Deaconess Hospital moves toward a new era of leadership in medical care and in research, many opportunities for participation occur. A gift of any size may be made with the request that it be used for some specific purpose, or used at the discretion of the Trustees.

# Form of Bequest

I wish to give

$..... dollars

to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

NAME .....

ADDRESS .....

CITY .....

STATE .....

Date .....

DEACONESS ON THE MOVE

New England Deaconess Hospital, 185 Pilgrim Road, Boston, Massachusetts 02215